

107<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# S. 2115

To amend the Public Health Service Act to create a Center for Bioterrorism Preparedness within the Centers for Disease Control and Prevention.

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IN THE SENATE OF THE UNITED STATES

APRIL 11, 2002

Mr. CLELAND introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to create a Center for Bioterrorism Preparedness within the Centers for Disease Control and Prevention.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. NATIONAL CENTER FOR BIOTERRORISM PRE-**  
4       **PAREDNESS AND RESPONSE.**

5       Title III of the Public Health Service Act (42 U.S.C.  
6       241 et seq.) is amended by adding at the end the fol-  
7       lowing:

1                   **“PART R—NATIONAL CENTER FOR**  
2                   **BIOTERRORISM PREPAREDNESS AND RESPONSE**  
3                   **“SEC. 399Z-1. NATIONAL CENTER FOR BIOTERRORISM PRE-**  
4                   **PAREDNESS AND RESPONSE.**

5                   “(a) IN GENERAL.—There is established within the  
6 Centers for Disease Control and Prevention a center to  
7 be known as the National Center for Bioterrorism Pre-  
8 paredness and Response (referred to in this section as the  
9 ‘Center’) that shall be headed by a director appointed by  
10 the Director of the Centers for Disease Control and Pre-  
11 vention.

12                   “(b) DUTIES.—The Director of the Center shall—

13                   “(1) administer grants to State and local public  
14 health entities, such as health departments, aca-  
15 demic institutions, and other public health partners  
16 to upgrade public health core capacities, including—

17                   “(A) improving surveillance and epidemi-  
18 ology;

19                   “(B) increasing the speed of laboratory di-  
20 agnosis;

21                   “(C) ensuring a well-trained public health  
22 workforce; and

23                   “(D) providing timely, secure communica-  
24 tions and information systems (such as the  
25 Health Alert Network);

1           “(2) maintain, manage, and in a public health  
2 emergency deploy, the National Pharmaceutical  
3 Stockpile administered by the Centers for Disease  
4 Control;

5           “(3) ensure that all States have functional  
6 plans in place for effective management and use of  
7 the National Pharmaceutical Stockpile should it be  
8 deployed;

9           “(4) establish, in consultation with the Depart-  
10 ment of Justice, the Department of Energy, and the  
11 Department of Defense, a list of biological, chemical,  
12 and radiological agents and toxins that could pose a  
13 severe threat to public health and safety;

14           “(5) at least every 6 months review, and if nec-  
15 essary revise, in consultation with the Department of  
16 Justice, the Department of Energy, and the Depart-  
17 ment of Defense, the list established in paragraph  
18 (4);

19           “(6) regulate and track the agents and toxins  
20 listed pursuant to paragraph (4) by—

21           “(A) in consultation and coordination with  
22 the Department of Justice, the Department of  
23 Energy, and the Department of Defense—

24           “(i) establishing procedures for access  
25 to listed agents and toxins, including a

1 screening protocol to ensure that individual  
2 access to listed agents and toxins is lim-  
3 ited; and

4 “(ii) establishing safety standards and  
5 procedures for the possession, use, and  
6 transfer of listed agents and toxins, includ-  
7 ing reasonable security requirements for  
8 persons possessing, using, or transferring  
9 listed agents, so as to protect public health  
10 and safety; and

11 “(B) requiring registration for the posses-  
12 sion, use, and transfer of listed agents and tox-  
13 ins and maintaining a national database of the  
14 location of such agents and toxins; and

15 “(7) train, prepare, and equip bioterrorism  
16 emergency response teams, composed of members of  
17 the Epidemic Intelligence Service, who will be dis-  
18 patched immediately in the event of a suspected ter-  
19 rorist attack involving biological, chemical, or radio-  
20 logical weapons;

21 “(8) expand and improve the Laboratory Re-  
22 sponse Network;

23 “(9) organize and carry out simulation exercises  
24 with respect to terrorist attacks involving biological,  
25 chemical, or radiological weapons, in coordination

1 with State and local governments for the purpose of  
2 assessing preparedness;

3 “(10) develop and implement disease surveil-  
4 lance measures, including a nationwide electronic  
5 network linking doctors, hospitals, public health de-  
6 partments, and the Centers for Disease Control and  
7 Prevention, for the early detection, identification,  
8 collection, and monitoring of terrorist attacks involv-  
9 ing biological, chemical, or radiological weapons;

10 “(11) develop response plans for all conceivable  
11 contingencies involving terrorist attacks with biologi-  
12 cal, chemical, or radiological weapons, that specify  
13 protocols of communication and coordination be-  
14 tween Federal, State, and local actors, as well as be-  
15 tween different Federal actors, and ensure that re-  
16 sources required to carry out the plans are obtained  
17 and put into place; and

18 “(12) perform any other relevant responsibil-  
19 ities the Secretary deems appropriate.

20 “(c) TRANSFERS.—

21 “(1) IN GENERAL.—Notwithstanding any other  
22 provision of law, on the date described in paragraph  
23 (4), each program and function described in para-  
24 graph (3) shall be transferred to, and administered  
25 by the Center.

1           “(2) RELATED TRANSFERS.—Personnel em-  
2           ployed in connection with the programs and func-  
3           tions described in paragraph (3), and amounts avail-  
4           able for carrying out such programs and functions  
5           shall be transferred to the Center. Such transfer of  
6           amounts does not affect the availability of the  
7           amounts with respect to the purposes for which the  
8           amounts may be expended.

9           “(3) PROGRAMS AND FUNCTIONS DESCRIBED.—  
10          The programs and functions described in this para-  
11          graph are all programs and functions that—

12                 “(A) relate to bioterrorism preparedness  
13                 and response; and

14                 “(B) were previously dispersed among the  
15                 various centers that comprise the Centers for  
16                 Disease Control and Prevention.

17          “(4) DATE DESCRIBED.—The date described in  
18          this paragraph is the date that is 180 days after the  
19          date of enactment of this section.”.

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